Washington State Department of Social & Health Services

PODACI O OBRAZOVANJU, ZAPOSLENJU I ZDRAVLJU
STATEMENT OF EDUCATION, EMPLOYMENT, AND HEALTH

OFFICE USE ONLY

A. PODACI O KLIJENTU

IME KLIJENTA	ID BROJ KLIJENTA

SPOL	DATUM RODJENJA	SOCIAL SECURITY BROJ
☐ Muški ☐ Ženski		

Da li ste ikada podnosili molbu za ili primali nešto od sljedećeg:

☐ Radnici i industrija/Radnička odšteta
☐ Kompenzacija za nezaposlenost
☐ Social Security Invalidnost ili SSI
☐ Veteranske beneficije (VA)

B. OBRAZOVANJE I OBUKA

1. Koji je vaš osnovni jezik? _____
2. Unesite najviši razred osnovne ili srednje škole koji ste završili: _____ GED? ☐ Da ☐ Ne
3. Da li ste pohađali časove specijalnog obrazovanja? ☐ Da ☐ Ne
4. Dodatno obrazovanje ili obuka vezana za posao, kao npr. koledž, poslovna škola, profesionalna ili obuka na poslu:

VRSTA OBUKE	PERIOD POHADJANJA	ZAVRŠENA		CERTIFIKAT, DOZVOLA ILI DIPLOMA I GODINA
		DA	NE	

C. RADNA ISTORIJA

1. Šta smatrate svojim uobičajenim zanimanjem? _____
2. Navedite svoja tri (3) posljednja zaposlenja, počevši od posljednjeg.

ZADNJA TRI POSLA	SATI SEDMIČNO	MJESEC I GODINA		KADA STE PRESTALI RADITI
		OD	DO	

3. Koje ste druge vrste poslova radili u zadnjih pet (5) godina? _____
4. Koje radne vještine posjedujete? Uključite sve hobije kao što je šivanje, obrada drveta, popravka auta. _____
5. Šta vas sprečava da radite sada? _____
6. Koja vrsta pomoći ili usluga vam treba da biste se mogli vratiti na posao? _____

D. ZDRAVSTVENE I MEDICINSKE INFORMACIJE

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LIJEČEN ZA (ZDRAVSTVENI PROBLEM)	LIJEČEN U ILI KOD (LIJEČNIK ILI BOLNICA)	DATUM ZADNJEG PREGLEDA

DRAFT

AKO VAM JE NEKO PREVODIO ILI POMOGAO POPUNITI OVAJ OBRAZAC, UNESITE OVDJE NJEGOVO-NJENO IME I SRODSTVO S VAMA

Izjavljujem pod krivičnom odgovornošću da su informacije koje sam dao-dala u ovom obrascu "Podaci o obrazovanju, zaposlenju i zdravlju" istinite, tačne i potpune koliko to najbolje znam. Razumijem da Odsjek za društvene i zdravstvene djelatnosti može zahtijevati od mene da obezbjedim dokaze za moje izjave.

POTPIS KLIJENTA	DATUM

E. OFFICE USE ONLY/ SAMO ZA INTERNU UPOTREBU

1. Physical/mental health observations, including unusual features or characteristics: _____

2. Barriers to employment or other job services: _____

3. Substance abuse history: _____

4. Use of other service agencies; e.g., Division of Vocational Rehabilitation, Employment Security: _____

5. Use of support services, e.g., housing, food bank, transportation, family or friends, churches: _____

WORKER'S NAME	INTERVIEW DATE

INSTRUCTIONS
STATEMENT OF EDUCATION, EMPLOYMENT, AND HEALTH
DSHS 14-050(X) (Rev. 1/2001)

Use

The purposes of the DSHS 14-050(X) are to:

- Identify a client's claimed health problems and possible sources of medical evidence.
- Obtain a history of the client's education and work experience.

The Incapacity Social Worker (ISW) will use the information on the 14-050(X) to decide what medical evidence the client will need to provide, whether the client may be disabled, and to develop the case plan if the client is later determined to be eligible for GAU.

Completion

- The financial worker will give the DSHS 14-050(X) to the client with instructions to complete sections A through D. The financial worker then sends the form with the referral form to social services.
- The ISW reviews the form with the client to ensure that all relevant information is provided. The ISW can add additional information obtained during the interview in the 'office use only' space.
- The ISW should complete Section E during or immediately after the client interview. This is valuable in assessing consistency of the medical evidence that will be provided by the client.

1. Physical/mental health observations: Record facts, not assumptions.
   Examples: How mobile was the client, e.g., did the client have difficulty walking, use a cane, wear a brace, etc. Did the client respond appropriately to questions asked? Did the client's face show expression of emotion?
2. Barriers to employment or other job services: List things that may be problematic for the client in attempting to go to work. Examples could be domestic violence, involvement with Child Protective Services, legal problems such as recent incarcerations or DUIs.
3. Substance abuse history: Obtain information to determine whether the client could benefit from a referral for an ADATSA assessment.
4. Use of other service agencies: Has the client participated in any job training, job search, or job readiness activities?
5. Use of support services: Determine how the client has had their needs met in the recent past, how much they rely on others to get their needs met, etc. Do they have transportation available to them in order to comply with treatment and referral requirements, or will special arrangements need to be made?